

Referral Form

PATIENT INFORMATION		
Patient Name		Email
Address		DOB (DD/MM/YYYY) / /
City/Town	Province	<input type="checkbox"/> Male <input type="checkbox"/> Female Identifies as _____
Postal Code	Phone	PHN(s)
SLEEP APNEA SERVICES		OTHER SERVICES
Diagnostics & Physician Consultation <input type="checkbox"/> Level 3 sleep study (detects OSA) <input type="checkbox"/> Level 2 sleep study (detailed info on p. 2) APAP Treatment or Reassessment Prior diagnosis or sleep study required. <input type="checkbox"/> Initiate APAP therapy (6/20cmH ₂ O) <input type="checkbox"/> Autotitration for pressure reassessment Oral Appliance Therapy (Provided by professional partners.) Prior diagnosis or sleep study required. <input type="checkbox"/> Therapy Consultation		Provided by professional partners. <input type="checkbox"/> Insomnia Cognitive Behaviour Therapy (CBT-I) If probable OSA, sleep study required. <input type="checkbox"/> Registered Dietitian Counselling
PATIENT MEDICAL INFORMATION		
<input type="checkbox"/> Significant cardiopulmonary disease (e.g. heart failure, severe COPD) <input type="checkbox"/> Respiratory muscle weakness due to neuromuscular conditions		<input type="checkbox"/> History of stroke <input type="checkbox"/> Chronic opioid medication use
Reason for referral or previous sleep disorder diagnosis		
Other (e.g. medication and conditions)		
PRIVATE OXYGEN SERVICES		
For publicly funded oxygen services, please refer to: https://gov.mb.ca/health/homecare/forms/hocp_fp.pdf		
O ₂ Continuous (LPM)	O ₂ at Rest (LPM)	O ₂ Nocturnal (LPM)
O ₂ PRN (LPM)	O ₂ with Exercise (LPM)	O ₂ with CPAP/BiPAP (LPM)
Respiratory Diagnosis/Notes		
PHYSICIAN INFORMATION		
Physician Name		Clinic Name
Address		Practice ID#
City/Town	Phone	Fax
Province	Postal Code	Physician Signature

Sleep Study Levels Compared

		LEVEL 3	LEVEL 2
WHAT IT MONITORS	Breathing activity	✓	✓
	Snoring	✓	✓
	Airflow	✓	✓
	Oxygen levels	✓	✓
	Heart rate	✓	✓
	Brain activity	-	✓
	Muscle activity	-	✓
	Sleep quality (onset time, efficiency, REM and non-REM, sources of disturbances)	-	✓
WHAT IT DETECTS	Sleep apnea	✓	✓
	Leg & body/PLMD	-	✓
	Insomnia (measures actual sleep time and may provide insight into potential causes)	-	✓



LOCATIONS

Winnipeg

6-55 Henlow Bay
R3Y 1G4

Brandon

E-305 18th Street N
R7A 6Z2

Morden

Oxygen/Admin office
205 Stephen Street
R6M 1V2

